



Town of Acton
Department of Public Health
472 Main Street
Acton, MA 01720
Telephone: (978) 929-6632
Fax: (978) 929-6340

4/30/2014

Acton Concord Septic
PO Box 1142
Concord, MA 01742

Dear Hazardous Material Permit Holder,

You are receiving this letter because we at the Acton Health Department do not have record of payment for the 2013 permit year. You must submit payment for the enclosed amount to the Acton Health Department within fourteen (14) days of your receipt of this letter to avoid fines.

You may request a hearing before the Acton Board of health by filing a written petition to the Board within seven (7) days of your receipt of this order. At the hearing, you will be given an opportunity to be heard and to present witnesses and documentary evidence as to why this order should be modified or withdrawn. You may be represented by an attorney. You have the right to inspect and obtain all relevant documents relating to this matter from the Acton Board of Health Office, 472 Main Street, Acton, MA 01720 from 8:00 a.m. to 5:00 p.m. Monday through Friday. Any adverse party has the right to appear at the hearing.

Respectfully,

Acton Health Department



Town of Acton
Department of Public Health
472 Main Street
Acton, MA 01720
Telephone: (978) 929-6632
Fax: (978) 929-6340

May 19, 2014

FINE: \$25

Business/Property
Acton Concord Septic
P.O. Box 1142
Concord, MA 01742

Subject: Avalon Acton Wastewater Treatment Plant

Dear Business Owner/Manager,

This letter is to inform you of your accrued fine to date. The Acton Health Department has a fine of twenty-five (25) dollar per week after appropriate notification of permit fee non-payment. The fee for your Hazardous Materials Permit in addition to the fine listed above must be paid within seven (7) days of your receipt of this letter to avoid further fines.

Please contact the Acton Health Department with any questions or concerns.

You may request a hearing before the Acton Board of health by filing a written petition to the Board within seven (7) days of your receipt of this order. At the hearing, you will be given an opportunity to be heard and to present witnesses and documentary evidence as to why this order should be modified or withdrawn. You may be represented by an attorney. You have the right to inspect and obtain all relevant documents relating to this matter from the Acton Board of Health Office, 472 Main Street, Acton, MA 01720 from 8:00 a.m. to 5:00 p.m. Monday through Friday. Any adverse party has the right to appear at the hearing.

Respectfully,

Acton Health Department



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Fax: (978) 929-6340
www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Acton Concord Septic Date 5/16/2014
Address: 54 Knox Trail Building 9B1
Type of Business: _____
Telephone: 978-897-6414 Email: _____
Contact Person: Joe Spinelli Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>		
Spills present		<input checked="" type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>		
Materials and wastes separate	<input checked="" type="checkbox"/>		
Cleanup materials available	<input checked="" type="checkbox"/>		
Materials have secondary containment	<input checked="" type="checkbox"/>		
Materials and wastes are labeled	<input checked="" type="checkbox"/>		
Safety:			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>		
Employee personal protective equipment on site	<input checked="" type="checkbox"/>		
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>		
Emergency procedures posted	<input checked="" type="checkbox"/>		
Site Management:			
Waste removed by licensed hauler	<input checked="" type="checkbox"/>		Given to Acton Truck Repair
Floor drains present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste		<input checked="" type="checkbox"/>	
Testing of septic system necessary		<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>		
Any UST (underground storage tank) present		<input checked="" type="checkbox"/>	
If UST present, is it alarmed		<input checked="" type="checkbox"/>	

Action Items:

- Please obtain letter from Acton Truck and
- Tire
- _____
- _____
- _____
- _____

Re-inspection required? Yes ☐ No ☒

Inspector Signature

Date

Re-inspection Date: regarding waste oil

Facility Representative Signature

Date

Joe Spinelli
D.H. 5/22/14

270 ✓
✓

**TOWN OF ACTON
HAZARDOUS MATERIALS CONTROL
ANNUAL PERMIT APPLICATION**



Site Address	Mailing Address
Acton-Concord Septic 125 Knox Trail Concord, MA 01742	PO Box 1142 Acton, MA 01720
Category: 4, 9, 12, 7	Fee: \$380 270.

Hazardous Materials Permitting Categories (Renewal)

- | | |
|---|--|
| 1. Hazardous Waste Generator (\$65) | 2. Small Hazardous Waste Generator (\$45) |
| 3. Hazardous Materials Generator (\$65) | 4. Hazardous Materials User (\$45) |
| 5. Discharge Permit (\$140) | 6. Remediation Permit (\$140) |
| * 7. Hazardous Waste User (\$65) | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (160) | 10. Haz. Mat. Storer Large Retail (\$170) |
| 11. Haz. Mat. Storer Small Retail (\$140) | * 12. Haz. Waste Storer Industry (\$65) |
| 13. Haz. Waste Storer Retail (\$45) | |

1. Are MSDS's readily available on-site? Yes ☐ No ☐
2. Is employee personal protective equipment available on site? Yes ☒ No ☐
3. Are emergency procedures posted? Yes ☒ No ☐
4. Do all hazardous materials have 110% secondary containment? Yes ☒ No ☐
5. Are all materials and wastes clearly labeled? Yes ☒ No ☐
6. Are spill cleanup materials available? Yes ☒ No ☐
7. Do you have a copy of the Hazardous Materials Control Bylaw on site? Yes ☐ No ☒
8. Are you contracting with a DEP licensed waste hauler (if applicable)? Yes ☐ No ☒

Name of hauler: _____

Address of hauler: _____

9. Can you provide copies of waste shipping manifests if necessary? Yes ☐ No ☒
10. Contact person for the site is Joseph Spinelli

I hereby certify on behalf of Acton-Concord Septic, Inc., the applicant for a permit or permit renewal from the Acton Board of Health pursuant to Chapter I of the Town of Acton General By-laws (the "Permit Application") that (a) the information contained in the Permit Application is true, accurate and complete, and (b) the facility located/operating at the above noted site address, Acton, MA and that is the subject of the Permit Application complies with the requirements for Approval of Hazardous Material Waste and Special Waste Permits as defined in section 3.5 of Chapter I of the Town of Acton General By-laws, Hazardous Materials Control, as amended.

Joseph Spinelli
Authorized Signatory

5-8-2014
Date

A. Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
Motor Oil	<u>5</u> gal. ____ lbs. ____ cu. ft.	<u>5</u> gal. ____ lbs. ____ cu. ft.	1 G
Hydraulic Oil	<u>5</u> gal. ____ lbs. ____ cu. ft.	<u>5</u> gal. ____ lbs. ____ cu. ft.	1 E
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
Oil	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/ treatment /disposal	<u>50</u> gal. ____ lbs. ____ cu. ft.	<u>50</u> gal. ____ lbs. ____ cu. ft.	1 MO
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

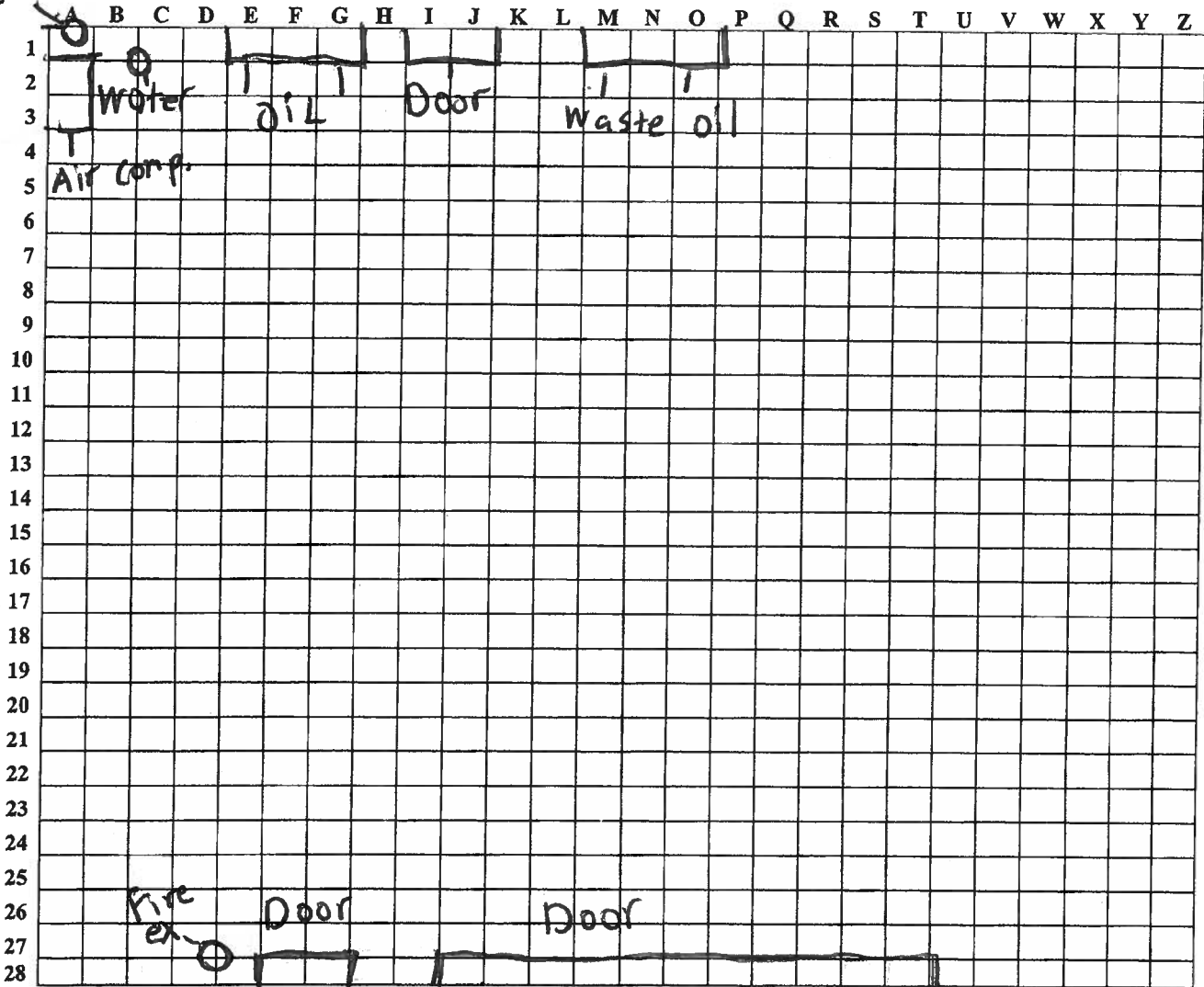
C. Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

Site Address: ⁵⁴ Knox Trail Bldg 9 City: Acton
 Date Map Drawn: 5-10-2014

Electrical



D. Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

Joseph Spinelli
 Owner/Operator's Name (Print)

Joseph Spinelli
 Owner/Operator's Signature

5-8-2014
 Date

----- Do Not Complete below This Line -----

5/1/2014

Expires 5/1/2015

Fee: 270.00

**TOWN OF ACTON
PERMIT**

HAZARDOUS MATERIALS CONTROL BYLAW

59 Building 9

Is hereby granted a permit to store and use Hazardous Materials at **Acton-Concord Septic, 125 Knox Trail**, Acton, MA 01720. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: **4, 9, 12**

*See below explanation of permit categories

HAZARDOUS MATERIALS CONTROL PERMIT CATEGORIES AND FEES

<u>Category</u>	<u>Initial</u>	<u>Renewal</u>
1. Large Hazardous Waste Generator	\$160	\$65
2. Small Hazardous Waste Generator	\$60	\$45
3. Hazardous Materials Generator	\$160	\$65
4. Hazardous Materials User	\$50	\$45
5. Remediation Discharge Permit	\$575	\$140
6. Remediation Permit	\$595	\$140
7. Hazardous Waste User	\$160	\$65
8. Hazardous Materials Storer Large Industry	\$510	\$235
9. Hazardous Materials Storer Small Industry	\$360	\$160
10. Hazardous Materials Storer Large Retail	\$430	\$170
11. Hazardous Materials Storer Small Retail	\$305	\$160
12. Hazardous Waste Storer Small Industry	\$160	\$65
13. Hazardous Waste Storer Retail	\$60	\$45
14. Hazardous Waste Storer Large Industry	\$160	\$65

HAZARDOUS MATERIALS CONTROL PERMIT

List of Conditions: Acton-Concord Septic 125 Knox Trail Acton, MA 01720

Pursuant to the authority of Chapter I - Hazardous Materials Control Bylaw - of the Town of Acton's General Bylaws, the Board of Health has considered your application and plans submitted therewith, and has determined that the materials to be stored, used or generated, are within the scope of said bylaw. The Board of Health hereby orders that the following conditions are necessary and all storage, use or generation must be performed in strict conformance herewith:

1. All liquid Hazardous Materials and Wastes shall be stored in a containment area capable of containing 110% of the largest volume stored in the containment area.
2. All Materials Safety Data Sheets (MSDSs) for the Hazardous Materials shall be maintained on site. MSDSs shall be reviewed with employees at the time of their employment and on an annual basis thereafter. MSDS must be made available to all employees upon request.
3. A Contingency Plan, including emergency contact numbers (Telephone numbers of owner, operator, etc.) and a sketch showing clearly all Hazardous Material and Waste locations shall be submitted and updated annually, to the Board of Health, Fire Department, Police Department, and Civil Defense.
4. Emergency procedures and local Emergency Response Telephone Numbers (Health, Fire, Police, D.E.P., Civil Defense, etc.) should a spill occur, shall be posted in clear view of all employees where Hazardous Materials or Wastes are used or stored.
5. All Hazardous Wastes must be disposed of by a Licensed, D.E.P. approved, hauler or be recycled on site.
6. Copies of either all invoices or manifests for any Hazardous Materials or Wastes, received or disposed, shall be submitted to the Board of Health annually.
7. All Hazardous Materials Containers shall be labeled and dated when filling first began.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
11. Protective equipment, including chemical resistant gloves, eye goggles and (rubber) boots, in addition to soap and water, shall be made available to all employees, at all times, in any Hazardous Materials or Waste storage or use area.
12. No Hazardous Materials or Wastes shall be discharged into a sink or toilet.
15. No food or drink shall be stored or consumed in any area where Hazardous Materials are stored or used.
21. Gas cylinders shall not be rolled, even for short distances. They shall be moved by a suitable hand truck, in accordance with an OSHA standard that applies.

25. Prior to any new chemical or processes being used, the Board of Health shall be notified.
26. The operation of this facility shall be in compliance with all present and future regulations of E.P.A. and D.E.P. at all times. Nothing in this permit allows or requires non-compliance with all present and future applicable laws or regulations of the Federal or State Governments.